

NJ Casino Control Commission  
Tennessee Avenue & Boardwalk  
Atlantic City, NJ 08401



NEW JERSEY CASINO CONTROL COMMISSION  
DIVISION OF LICENSING  
TENNESSEE AVENUE & BOARDWALK  
ATLANTIC CITY NJ 08401

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### DO YOU HAVE A GAMBLING PROBLEM?

Compulsive gamblers usually answer "yes" to at least seven of these questions.

1. Do you lose time from work or school due to gambling?
2. Does gambling make your home life unhappy?
3. Does gambling affect your reputation?
4. Do you ever feel remorse after gambling?
5. Do you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Does gambling cause a decrease in your ambition or efficiency?
7. After losing do you feel you must return as soon as possible and win back your losses?
8. After a win do you have a strong urge to return and win more?
9. Do you often gamble until your last dollar is gone?
10. Do you ever borrow to finance gambling?
11. Have you ever sold anything to finance gambling?
12. Are you reluctant to use "gambling money" for normal expenditures?
13. Does gambling make you careless of the welfare of you or your family?
14. Do you ever gamble longer than you had planned?
15. Do you gamble to escape worry or trouble?
16. Do you ever commit, or consider committing, an illegal act to finance gambling?
17. Does gambling cause you to have difficulty sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you have an urge to celebrate any good fortune by a few hours of gambling?
20. Do you ever consider self-destruction or suicide as a result of your gambling?

## NJCCC

**New Jersey Casino Control Commission**

Tennessee Avenue & Boardwalk Atlantic City, NJ 08401

Tel: (609) 441-3749

Fax: (609) 441-3329

[www.state.nj.us/casinos](http://www.state.nj.us/casinos)

If you or anyone you know has a gambling problem, call  
**1-800-GAMBLER**

# New Jersey Casino Gambling Self-Exclusion Program

*Help for Problem Gamblers*



## WHAT IS THE SELF-EXCLUSION PROGRAM?

The program was established to allow people with a gambling problem to voluntarily exclude themselves from casino gaming activities in Atlantic City.

## HOW DO I GET PLACED ON THE SELF-EXCLUSION LIST?

You may obtain an application form and information on the Self-Exclusion Program by mailing in the attached card or from the commission's web site at [www.state.nj.us/casinos](http://www.state.nj.us/casinos), by phone at (609) 441-3780 or in person at the commission's office in Atlantic City.

You must complete the form and submit it in person at one of the following locations during normal business hours:

Casino Control Commission  
Arcade Building  
Tennessee Avenue & Boardwalk  
Atlantic City, New Jersey  
Division of Gaming Enforcement  
7th Floor - Records Section  
140 E. Front Street  
Trenton, New Jersey

You will be required to provide identification that includes your signature and either a photograph or physical description of yourself. When you file the form, you will be photographed. That photo, and other identifying information will be distributed to the casinos.

## CAN I JUST MAIL BACK THE COMPLETED FORM?

No. You must return the application form in person. The requirement to file in person is for your protection. Only you can put yourself on the self-exclusion list.

## WHAT WILL HAPPEN IF I GO TO A CASINO AND TRY TO GAMBLE?

After you are placed on the self-exclusion list, casino personnel may refuse to accept your wagers or ask you to leave the gaming area. If you do gamble, you would be unable to collect any winnings or recover any losses. Under the law, you will not be able to receive complimentary goods or services, credit or check cashing privileges.

## HOW LONG WILL I BE ON THE SELF-EXCLUSION LIST?

That's up to you. When you request self-exclusion, you will choose whether you want to be excluded for a minimum of one year, five years or for life. If you sign up for life, you cannot be removed from the list. If you choose the one-year or five-year option, you must remain on the list for at least that length of time. After that time expires, you may ask to be removed.

If you would like to receive an application and more information on the New Jersey Casino Gambling Self-Exclusion Program mail in this card or visit [www.state.nj.us/casinos](http://www.state.nj.us/casinos)

Please send me information on the New Jersey Casino Gambling Self-Exclusion Program. I understand that requesting this information will not place me on the list and that the self-exclusion form has to be completed and submitted in accordance with the regulations N.J.A.C. 19:48-2.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DETACH ALONG THIS PERFORATION